

Application for
Permit to Operate a Migrant Labor Camp

"Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]."

FAILURE TO COMPLETE AND RETURN THIS FORM IMPLIES YOUR CAMP WILL NOT BE OPERATED.

APPLICATIONS MUST BE FULLY COMPLETED. Complete a separate application for each camp. Existing camps must be registered prior to April 1 and new camps 30 days prior to opening. If questions, see below.

Enclose \$50.00 fee for those camps registered prior to April 1 and \$100.00 for those registered on or after April 1. The application fee is nonrefundable.

Make checks payable to DWD (Department of Workforce Development).

Detach the yellow copy and keep for your records. If there are any changes to the information on this form, please notify us.

Send check and three white copies to: Department of Workforce Development
Bureau of Migrant Services
P.O. Box 7972
Madison, WI 53707

| | | | |
|--|---|---|---|
| Applicant Name | | Applicant is <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other-specify: If applicant is not owner, specify owner(s): | Type of Operation <input type="checkbox"/> Canning <input type="checkbox"/> Cucumber <input type="checkbox"/> Orchard <input type="checkbox"/> Muck <input type="checkbox"/> Nursery <input type="checkbox"/> Sod Farming <input type="checkbox"/> X-mas Tree |
| Mailing Address (City, State, Zip Code) | | | |
| County of Camp | Township/Range/Section | Business Phone () | <input type="checkbox"/> Other-specify: |
| Type of Housing <input type="checkbox"/> Family <input type="checkbox"/> Singles <input type="checkbox"/> Dormitory | | In the past year camp housing or facilities have been <input type="checkbox"/> Remodeled <input type="checkbox"/> Built <input type="checkbox"/> Unchanged | |
| Anticipated Date of Occupancy | Number of Occupants Expected to Occupy Camp | Camp workers will be recruited by <input type="checkbox"/> Crew Leader <input type="checkbox"/> Wisconsin State Job Service <input type="checkbox"/> Employer <input type="checkbox"/> Other-Specify: | |

Applicant Signature:

If you hire crewleaders or private recruiters to recruit migrant workers for your operation, give the following information about each one:

| | | |
|------|-----------------------------|---|
| Name | Federal Registration Number | Transportation Authorized <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date | Title | |

| | | |
|--------------------------------|--|-----------------|
| FOR OFFICE USE ONLY | PERMIT ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No | FILE NO. |
|--------------------------------|--|-----------------|